STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation OF STAT

| 1. TITLE OF NEWSPAPER The Tri-City Star | | | 2 DATE 9-29-2020 | |
|--|---|--|---|---|
| FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISHED A 51 | | | 3B. ANNUAL SUBSCRIPTION PRICE \$ 49.98 & 50.90 | |
| | DRESS OF KNOWN OFFICE OF | | et, City, Co | ounty, State and ZIP+4 Code) |
| (Not printers) PO Box 621, | White, Brookings County, SI | D 57276-0621 | | |
| | DRESS OF THE HEADQUARTER | | | |
| PUBLISHER (Not printers) | RFD Newspapers, Inc., 207 k | Kasan Ave., PO Bo | ox 18, Vo | lga, SD 57071-0018 |
| 6. FULL NAME OF PUBLISH | ER: Ken Reiste | | | |
| addresses of stockholders own names and addresses of the in | oration, its name and address must ning or holding 1 percent or more o dividual owners must be given. If of each individual must be given. | of total amount of stoc | k. If not ov | vned by a corporation, the |
| FULL NAME COMPLETE MAILING ADDRESS RFD Newspapers, Inc., Ken Reiste, PO Box 830, Clear Lake, SD 57226-0830 | | | | |
| | S. MORTGAGES, AND OTHER OTAL AMOUNT OF BONDS, MO , list on back of this form. | | | |
| 9. EXTENT AND NATURE OF CIRCULATION | | AVERAGE NO. CO EACH ISSUED PRECEDI MONTHS | 570 | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
| A TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies) | | 450 | | 450 |
| B.PAID AND/OR REQUESTED CIRCULATION Sales through dealers and carriers, street vendors, and counter sales. | | 50 | | 46 |
| Mail Subscription (Paid and or requested) | | 259 | | 252 |
| 3. Paid Electronic Copies | | 5 | | 7 |
| C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.) | | 314 | | 305 |
| D FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS | | 0 | | 0 |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | | 0 | | 0 |
| E TOTAL DISTRIBUTION (Sum of C, D1 and D2) | | 314 | | 305 |
| F COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing | | 136 | | 145 |
| 2 Return from News Agents | | 0 | | 0 |
| G. TOTAL (Sum of E, F1 and F | G.TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.) | | | 450 |

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete:

(Signature)

State of South Dakota

County of DESTA L HUBER

(Sell South Dakota South Dakota South Dakota

(Title)

Sworn to before me this 27 day of 367

Notary Public

owner

My commission expires: